

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MG</i>		5/12/99
O.I.P.E. CLASSIFIER		8	5/12/99
FORMALITY REVIEW	<i>XC</i>	7142	5/21/99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	N
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	✓
19	✓
20	✓
21	✓
22	N
23	N
24	N
25	N
26	✓
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
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36	N
37	N
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here